



Scarborough Education Committee

SCHOOL MEDICAL SERVICE

Report and Statistics
for 1931

STANLEY FOX LINTON, T.D., M.D., M.Sc., D.P.H.

School Medical Officer

ANNE M. ROXBURGH, M.B., Ch.B., D.P.H.,

Assistant School Medical Officer



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Town Hall,

Scarborough,

15th March, 1932.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to present to you the following Report by Dr. Roxburgh on the School Medical Service during 1931.

The work has proceeded on the usual lines.

Towards the end of the year I made arrangements, with your consent, to establish a milk club in the Friarage School on the lines of the "Milk in Schools" scheme of the National Milk Publicity Council.

I explained the scheme to the children in school, and each child was given a letter to take home signed by the three Head Teachers and myself, the gist of which was as follows:—

"Milk from tuberculin-tested Jersey cows—that is to say, a disease-free and rich milk—will be supplied daily in a sealed bottle containing one third of a pint, at a charge of a penny, to each child who joins the club. The children will drink the milk in school half-way through the morning, using the straws provided for the purpose.

We hope that all parents who can possibly afford the daily penny (5d. a week) will enter their children; but it must be remembered that regularity is essential. Children cannot be allowed to have the milk only on odd days.

This daily drink of milk during the morning will be beneficial to all children; that has been proved again and again; it will specially benefit those who for one reason or another come to school without a good breakfast. The good results will be shown by more rapid growth in height and weight and improved health and spirits."

A meeting of parents was then held in the school, at which the scheme was explained and discussed. The idea caught on at once, and within two or three days more than 400 children joined the club. As soon as the school re-opened in January the scheme was put into operation. It has worked without a hitch ever since, largely, I should like to say, because of the painstaking enthusiasm with which the teachers conduct it. Sufficient evidence of this is the fact that after two months the number of children taking the milk remains steady at over 400. A further report on this matter will be made to you later.

I am,

Your obedient Servant,

S. FOX LINTON,

School Medical Officer and
Medical Officer of Health.

To Dr. S. FOX LINTON,
School Medical Officer.

I beg to submit to you the following

REPORT

*on the Medical Inspection of School Children and the work
of the School Clinic during 1931.*

STAFF :

School Medical Officer : Stanley Fox Linton, T.D., M.D., M.Sc., D.P.H.
Assistant School Medical Officer : Anne M. Roxburgh, M.B., Ch.B., D.P.H.
School Dental Officer : D. Bewes Atkinson, L.D.S., R.C.S.Eng.
School Nurses : R. E. Parker, S.R.N.; M. K. Jones, S.R.N.
Part Time Assistant School Nurse : A. Chambers, V.A.D.

CO-ORDINATION.

(a) INFANT AND CHILD WELFARE.

This work is carried on at the premises of the School Clinic in King Street, where two Sessions are held weekly on Monday and Thursday afternoons, and also at Seamer Road, where a Clinic is held every Wednesday. The School Medical Inspector attends to see and advise mothers of infants and children not yet of school age.

The Centre at King Street is also used as a shop for the sale of food, &c., on these afternoons and on Saturday mornings. The Clinics have been well attended. The total number of attendances made was 6,792, as against 7,829 in 1930. The average number attending on these afternoons was 51.24 at King Street and 41.53 at Seamer Road.

During the year Miss Black was appointed second Health Visitor in place of Miss Poxon, who resigned in June.

The Health Visitors have the voluntary assistance of several ladies at the Infant Clinics, and their help is greatly appreciated. The names of these ladies are :—

Mrs. Harland.
Mrs. Sternberg.
Miss A. M. McNab, A.R.R.C.
Miss Walker.
Miss Richardson.

Miss Turnbull.
Miss Topham.
Miss Newsome.
Miss Aske.
Miss Alderton.

As in former years, Miss Augusta Tindall, with several other voluntary workers, has kindly supplied the Centre with cotton-wool jackets (from material provided), and these have been of great service in the treatment of marasmic and ailing babies.

(b) NURSERY SCHOOLS.

There is no Nursery School, but at present there is a Nursery Class in the Friarage School. The numbers for this Class were as follow :—

Total number on the register : 82.

New admissions : 22 boys, 25 girls.

Transferred to other schools : 21 boys, 19 girls.

(c) CARE OF DEBILITATED CHILDREN UNDER SCHOOL AGE.

Most of these children come under the observation of the Health Visitors or School Nurses during their ordinary visiting work, and mothers are encouraged to continue bringing their children to the Infant Clinic up to school age, when they are transferred to the School Medical Service. As records are kept of all cases, and as both organisations are under the direction of the Medical Officer of Health, who is also School Medical Officer, continuity of the work is maintained.

SCHOOL HYGIENE.

In addition to the improvements recorded in the 1930 Report are the following :—

Friarage Junior Mixed School :

New boys' lavatory built in the playground.

"Bubble" Drinking Fountain installed.

Central Junior School :

Improvement in ventilation effected by making fixed windows to open on central pivot.

MEDICAL INSPECTION.

The Routine Medical Inspections are carried out in the schools, and three age groups are examined. Special entrants, new-comers to the town, and special cases brought forward by the teachers or parents are also examined.

The numbers in each age group examined at Routine Medical Inspections in 1930 and 1931 are as follow :—

	1930.	1931.
Entrants	572	564
Special Entrants (new-comers to town) ..	99	123
Intermediates (age 8)	580	558
Leavers	347	240

In addition to these routine inspections, 355 children were medically examined as "Specials". These children are seen in the schools, or are sent to the School Clinic by the teachers, parents or nurses for some particular defect or illness; 220 of these children were subsequently re-examined.

Further special examinations during the year were as follow :—

For Graham Sea Training School	37
For Nautical Scholarships	11
Pupil Teachers as to fitness for Training College	0



The examinations for employment of school children under the Bye-laws are referred to elsewhere in the Report.

FINDINGS OF MEDICAL INSPECTIONS AND MEANS AVAILABLE FOR TREATMENT OF DEFECTS.

UNCLEANLINESS.

Fifty-four children at the Routine Medical Inspections and Special Inspections were found to be in an unclean condition of the head or body. Although this is an increase in last year's figure, the uncleanliness in the majority of these children was of a minor degree. It will be realised that it is comparatively rare to find children in a verminous condition at the Routine Medical Inspection, as the mothers are notified and the children prepared. There is always a larger proportion found during the School Nurses' visits.

Table V. shows that the number of these cases was practically the same as last year. Twenty children were cleansed under the Authority's scheme, and, as this figure indicates, the majority of the cases were still of a mild degree.

When a child is found to be unclean, the parent is notified and advised as to what steps should be taken. If necessary, and if the parents consent, the cleansing is carried out at the School Clinic by the School Nurses.

There were 15 cases of Scabies occurring in seven families during the year.

MINOR AILMENTS.

A classification of the minor ailments treated is given in Table IV. at the end of the Report.

During the year there were 15 cases of Ringworm of the body and 8 cases of Ringworm of the scalp. The former are easily cured and do not necessitate long absence from school, while for the latter we have an efficient method of treatment in X-rays.

IMPETIGO.

This is one of the most common of skin diseases, and 195 cases were treated at the Clinic during the year. These children are frequently found to be below par, and require general as well as local treatment. The disease is, fortunately, easily cured, and even in severe cases does not necessitate absence from school for any length of time.

TONSILS AND ADENOIDS.

Group III., Table IV., shows that a total of 149 children received treatment for defects of the nose and throat. Six parents refused treatment, the treatment in each case being operation.

It will be seen from the Table that of this number 20 were referred for operation under the Authority's scheme. This number has decreased, the reason being that only the worst cases are referred direct for operation, the other children being referred to private practitioners for a trial of more conservative treatment first. As can be readily understood, a certain number of these require operation later, and are then referred by the practitioner. Seventy-eight were done at the instance of private practitioners or local hospital.

In many of these children mouth breathing has become a habit, and special breathing exercises are required, even after operation.

SKIN DISEASES.

Reference has already been made to Ringworm and Impetigo, which constitute the bulk of the skin diseases treated at the Clinic.

DEFECTS OF VISION.

Group I., Table IV., shows that 76 children received treatment for minor eye conditions. The majority of these cases were treated for Blepharitis, Conjunctivitis and Styes. These conditions are often associated with general debility, and general as well as local treatment is required.

Group II., Table IV., shows that 158 children were referred for refraction on account of defective vision. In the majority of these cases the defect was noted at the Routine Medical Inspection. The others were sent to the Eye Clinic by the parents or teachers. In 9 cases the parents refused treatment. Nineteen children were examined as to the suitability of present spectacles; no change was made. Twelve were treated apart from the Authority's Scheme. Of the remaining 118 children, spectacles were prescribed for 90. In 28 children the defect was very slight, and these were put on the observation list.

Of the 90 children for whom spectacles were prescribed at the Eye Clinic, the errors of refraction were classified as follow:—

Hypermetropia	...	...	...	...	...	21
Hypermetropic Astigmatism	...	...	...	...	...	35
Myopia	...	...	...	...	...	10
Myopic Astigmatism	...	...	...	...	...	18
Mixed Astigmatism	...	...	...	...	...	6

Spectacles are not provided by the Local Education Authority, but by the parents. In cases of poverty the Scarborough Amicable Society may provide them, or help to bear the cost. During the year this Society has spent £12 19s. 6d. The money is refunded in small weekly payments by the parents where possible.

During the year 14 school children were treated at the local hospital by Dr. Ellison, ophthalmic surgeon. Twelve children had operations for squint, the results being most satisfactory. Two cases of corneal ulcer were also treated.

Table III. shows that there are 7 children attending the elementary schools who are suitable for training in a class for the partially blind. These children are kept under observation and the work at school modified to suit each.

Two girls are at present in certified schools for the blind.

EAR DISEASE AND HEARING.

Seventy-five children received treatment at the Clinic for ear conditions. In recent cases of discharging ears the treatment given appears to answer well, but long-standing cases do not clear up quickly, and may persist indefinitely. These latter cases are sent on to see a surgeon at the Hospital, and in at least 4 cases more drastic treatment will have to be considered.

The treatment of Deafness has resolved itself into the treatment of the associated ear conditions and the removal of adenoids.

There are two boys in certified schools for the deaf.

DENTAL DEFECTS.

As a result of Medical Inspection and Special Inspections, 39 children were referred to the Dental Clinic for treatment. These children were suffering from carious teeth to such an extent as to demand immediate attention.

Mr. D. Bewes Atkinson, the Dental Surgeon, has kindly written the following Report on his work among the school children :—

“ DENTAL REPORT.”

“ This year the number of permanent teeth extracted is approximately the same, and I am pleased to state that the temporary teeth show a lower figure, and I attribute this to the mothers realising the importance of oral cleanliness in the young child and its resulting beneficial effect upon the subsequent permanent dentition.

The senior girls have shown great interest in dental inspections, and much of the conservative work has been done in this group, some of the girls making several attendances.

It is gratifying to find many parents asking for advice in regard to irregular teeth and the possibilities of their subsequent correction.

There is a minority of parents wishing to use the Clinic for the relief of toothache only, to the exclusion of conservative work, but the prejudice to fillings is now being overcome; a greater number of acceptances are now received, and in some cases requests for fillings.”

D. BEWES ATKINSON,
School Dental Surgeon.

EXCEPTIONAL CHILDREN.

Table III. shows a return of all exceptional children in the area. These children not in attendance at any elementary school are brought to notice by the School Attendance Officer or the School Nurses when visiting the home.

Information may also be obtained from the Scarborough Workhouse Infirmary, and from the various voluntary workers. In this way most of these cases are brought to light.

Blind and deaf children have already been mentioned under the appropriate headings.

MENTALLY DEFECTIVE.

Form 307 M. gives details of the cases notified during the year. There were three imbeciles and one defective.

Feeble-minded children already notified to the Authority are not included in this table.

Twenty-four children are seen to be attending the elementary schools; 18 of these are boys, and are taught in a special class at the Friarage Senior Boys' School. It may be necessary to institute a similar class for girls in the future.

Twenty-four children were found to be “incapable of benefiting by instruction in an ordinary elementary school,” and for these a special class is provided by the Education Committee under a specially-trained and most efficient teacher. As this class has increased in number, an assistant teacher was supplied

in 1928. Table III. only shows 16 of this number; all the children who have been notified having been omitted (*see Note c*).

On leaving this Class, the names of the children are sent to the Council of Social Welfare, and this Council, working in conjunction with the Yorkshire Association for Mental Welfare, takes over the visiting and after-care of such children.

EPILEPTICS.

No case of severe epilepsy has come to light during the year. Six children suffering from mild epilepsy are attending the elementary schools.

PHYSICALLY DEFECTIVE.

Tuberculosis.

Six cases of active Pulmonary Tuberculosis were notified during the year. Four of these are in sanatoria and 2 are at no school or institution.

When any case of suspected, or definite, Tuberculosis is detected, the child is excluded from school and referred to the Tuberculosis Medical Officer. Cases classified as pre-tubercular are kept under observation at the School Clinic, but all treatment is carried out at the Tuberculosis Clinic or, in the case of surgical tuberculosis, at the local Hospital.

Table III. shows the number of children with non-infectious Tuberculosis who were attending schools for some part of the year. Five boys and 2 girls were admitted to the Tuberculosis Block at the local Sanatorium during the year. These cases were of healed Tuberculosis or had been classified as pre-tubercular.

Cases of tuberculosis of bones and joints and of other organs, shown in this table, were non-infectious, and for some part of the year were in attendance at the elementary schools.

DELICATE CHILDREN.

Seventy-eight children were found to come under this heading. These children are all in attendance at elementary schools.

CRIPPLED CHILDREN.

No recent cases of Infantile Paralysis have been detected in the schools; most deformities due to this disease have persisted for some time.

The treatment of these cases is carried out by private practitioners or at the Hospital. In cases where massage was necessary, it was not always possible to obtain this, as many of the parents were in necessitous circumstances. In such cases massage was provided by the Council for Social Welfare, the parents paying what they could towards the cost.

When institutional treatment is required the children are admitted to the Orthopaedic Hospital, Kirbymoorside. Five boys and 2 girls were admitted during the year; 3 boys were discharged and are still under observation.

A weekly Clinic is held at the local Hospital. Dr. Crockatt, the Orthopaedic Surgeon, attends once a month, and a Massage Sister every week to supervise remedial exercises. Twenty-four boys and 30 girls were in attendance at the Clinic during the year.

INFECTIOUS DISEASES.

All cases of Notifiable Infectious Diseases are dealt with in the first instance by the Health Department, from whence arrangements are made for the exclusion from school of cases and contacts.

Non-Notifiable Infectious Diseases are reported on a special form by the Head Teachers as soon as the cause of the child's absence from school is known. The case is then visited by one of the School Nurses, and, if verified, the notification is passed on to the Health Department.

An epidemic of Measles began at the end of 1930 and continued into 1931.

No school was closed during the year on account of infectious disease.

The Table given herewith shows the prevalence of common infectious diseases amongst school children. For purposes of comparison, figures are given for the last three years :—

Year	Scarlet Fever.			Enteric Fever.			Diphtheria.			Smallpox.			Measles.			Whooping Cough.		Chicken Pox.		Mumps.	
	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Boys	Girls	Boys	Girls
1929	47	42	—	—	—	—	7	7	—	—	—	—	232	206	1	30	11	119	97	4	3
1930	30	43	—	—	—	—	19	15	2	—	—	—	45	40	2	7	5	61	49	3	3
1931	16	15	1	—	—	—	16	21	3	—	—	—	139	119	3	2	2	64	50	16	5

FOLLOWING UP

This is chiefly required for the treatment of defects found in schools when the parents have not been present. The School Nurse visits the home to advise the mother and to ensure that the child's health will not be prejudiced for lack of seeking suitable advice and treatment. Children are often sent or brought voluntarily to the Clinic, and in nearly all the cases attending the parents are anxious that treatment be continued as long as necessary.

The following Table shows the visits of the Nurses to the homes, the cause of such visits, and, in addition, the number of visits made by them to the schools :—

Visits the result of Medical Inspections in the Schools.	No. of visits made.	Visits due to suspected infectious or contagious diseases.	No. of visits made.
Uncleanliness	61	Scarlet Fever	1
Defects of nose and throat ...	26	Measles	96
Defects of vision	22	Whooping Cough	4
External eye disease	—	Chicken-pox	43
External Ear disease	—	Mumps	1
Nervous diseases	—	Scabies	24
Heart disease	—	Ringworm	8
Tuberculosis	1	Impetigo	13
Other Causes	30	Diphtheria	12
		Other Causes	37
	140		239

In addition :—

The number of visits paid by the Nurses to the Schools (not including visits for detection of uncleanness)	309
Visits for detection of uncleanness	93
Visits to children's homes in connection with the work of the Dental Clinic	794
	<hr/> 1196

MEDICAL TREATMENT.

This has already been referred to under the various headings. Treatment at the School Clinic is mostly confined to minor ailments. Cases of more serious disease, or defect, are transferred to the local Hospital or to a private practitioner.

THE SCHOOL CLINIC.

The premises in King Street are in use as in former years.

The attendances at the General Clinic include the 355 children shown as "Specials" in Table Ib., and the re-examinations shown in the same Table.

The number of cases actually treated by the School Nurses under the supervision of the Medical Officer, and the number of attendances made, are as follow :—

1931.	No. of Children.	RESULT.		No. of attendances made.
		Recovered.	Still Attending.	
Impetigo	195	193	2	1270
Ringworm	20	15	5	196
Scabies	15	8	7	64
Ear Disease	75	72	3	339
Eye Disease	76	74	2	227
Uncleanliness	20	18	2	102
Abscesses, Boils, &c.	96	96	0	426
Eczema and Seborrhœa	46	46	0	226
Minor Ailments	675	667	8	2702
Total	1218			5552

No fixed charge is made for medical or dental treatment at the Clinic, but the mothers voluntarily contribute what they can. The figures for the past four years are given below.

	1928.	1929.	1930.	1931.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Sums received for General Clinic ...	4 18 8	3 10 0	2 8 10	1 18 0
Sums received for Dental Clinic ..	22 12 3	30 1 11	31 2 4	27 11 5
	<hr/> £27 10 11	<hr/> 33 11 11	<hr/> 33 11 2	<hr/> 29 9 5

EXCLUSION FROM SCHOOL ON MEDICAL GROUNDS.

Ten children were excluded from school at the Routine Medical Inspection. Of these, 2 were excluded for infectious or contagious disease.

Of the children seen at the Clinic, 183 were excluded, 59 of these being on account of infectious or contagious disease.

OPEN-AIR EDUCATION, PHYSICAL TRAINING, GAMES, SWIMMING CLASSES.

There is no Open-Air School in Scarborough, nor is it so essential as in the large and industrial towns.

Physical Training in the Schools is conducted by the teachers, who follow the Syllabus published by the Board of Education. There is no special teacher for this branch.

PLAYING FIELDS.

No addition has been made during the last two years. We have a Playing Field on the Castle Hill available for school children from the East Ward area. In addition, a large field on the Northstead Estate is rented by the Education Committee for the use of children attending the Central and Gladstone Road Schools.

Swimming Classes for the children are held at the Aquarium Baths.

Games.—Apart from outdoor games (football and cricket), organised games are conducted in the schools as part of physical training. Basket ball was introduced into four schools during 1928.

CO-OPERATION.

Parents of children being examined at the Routine Medical Inspections are notified of the date and time of such inspection, and are invited to be present. When parents are not present, they are notified if any defect be found. The School Nurse visits the home and explains the conditions to the mother, who may be asked to bring the child to the School Clinic for further examination or for treatment. In the majority of cases the response is satisfactory, and the parents appreciate the work done at the Clinic on behalf of the health of the children.

In a great many cases the mothers voluntarily send or bring the children to the Clinic for some defect which they themselves have noticed.

The following Table gives the percentages of parents present at the Routine Medical Inspections in 1929, 1930 and 1931 :—

Age Group.	1929.	1930.	1931.
Entrants	73.88	68.35	73.75
Special Entrants (over 7) ...	37.80	50.50	47.15
Intermediates	60.63	57.06	68.78
Leavers	13.88	14.12	14.16

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS, AND VOLUNTARY BODIES.

The co-operation of Head Teachers has been most helpful in carrying out the work of medical inspection and treatment of defects. Their knowledge of the children has been of much value, and through them many defects are

brought to notice. Also in many cases the teachers advise the parents to take their children to the Clinic for examination or for treatment.

The teachers are informed of defects found in cases where supervision at school is necessary, as in cases of children with heart disease.

The co-operation of the School Attendance Officer is of great value to the medical service. Whilst investigating cases of absence from school, he refers cases of illness to the School Medical Service if satisfactory medical attention is not already being obtained.

With regard to the co-operation of voluntary bodies, the National Society for the Prevention of Cruelty to Children may be notified in cases of uncleanness, neglect, insufficient clothing, or unsatisfactory home conditions.

Inspector Hollins, from his Report for 1931, has favoured me with the following particulars:—

“ There were 64 cases enquired into in Scarborough, affecting the welfare of 131 children (65 boys and 66 girls), involving 75 offenders or persons advised (38 males, 37 females). Ten of the cases were due to drink, involving 14 offenders (9 males, 5 females). Eighteen of the children were illegitimate (9 boys, 9 girls).

The classification of the cases was as follows:—

Neglect and Starvation	...	...	...	...	22
Advice Sought	...	...	...	...	20
Illtreatment	...	...	...	...	11
Other Wrongs	...	...	...	...	6
Immoral Surroundings	...	...	...	...	4
Exposure for Begging	...	...	...	...	1
					—
				Total	64

These cases were dealt with as follows:—

Warned by Inspector	...	...	...	...	44
Advised	...	...	...	...	20

340 supervisory visits were made to these homes, and a marked improvement was found in the majority of the cases.”

Inspector Hollins concluded with an appreciation of the help afforded him by the School Medical Service.

The work of the Council of Social Welfare has already been referred to in the treatment of crippled children.

This Society also provides milk and cod liver oil in cases of malnutrition and debility, on the recommendation of the School Medical Inspector.

In addition to the help already mentioned, the Scarborough Amicable Society spent £92 11s. 1d. on clothing and boots for school children during the year.

NURSERY CLASS.

The work of the Medical Service in connection with the Class has already been referred to. This consists of the medical inspection of all children on admission. Defects found are treated in the same way as those at the Elementary Schools. On being transferred to other schools, these children are again medically examined. Where defects are noticed by the teachers, the children are sent on to the School Clinic in the ordinary way.

SECONDARY SCHOOLS.

Secondary Schools in this area come under the North Riding Authority, and the work in connection with these schools is included in the Report of that Authority.

CONTINUATION CLASSES.

At present no arrangement exists for Medical Inspection in connection with these Classes.

EMPLOYMENT OF CHILDREN.

Under the Bye-laws for the employment of children, all children under the age of 14 must be medically examined as to their fitness for the work. These children are sent on for Medical Examination by the Employment Officer, who also makes enquiries regarding the kind of work done. Certain employments unsuitable for children, such as work in barbers' shops, public slaughter-houses, etc., are prohibited.

During the year 78 boys were examined, and were passed as fit. Five of these were subsequently re-examined. Four girls were also examined for work and were passed as fit.

There is no arrangement for the re-examination of all these children, but in doubtful cases certificates are given for a limited period, and at the end of that time a further examination is made and a fresh certificate given. Where a second examination has been necessary, it has not been found that the health of the children had suffered from such employment. In no case was a second certificate refused.

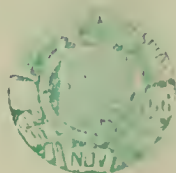
CONDITION AS TO VACCINATION OF CHILDREN IN THE SCHOOLS.

A record is kept at medical inspections of children bearing marks of successful vaccination. The percentages are shown in the following Table. The figures for 1930 are given for comparison :—

Groups Inspected.							Sexes.	Percentage bearing marks of successful vaccination, 1930.	Percentage bearing marks of successful vaccination, 1931.
Entrants	...	...	...	..	...	...	Boys	29·27	28·23
							Girls	28·73	26·29
Intermediates	...	...	...	...	...	...	Boys	26·15	28·26
							Girls	32·01	34·33
Leavers	...	...	..	...	...	...	Boys	45·03	54·36
							Girls	46·42	55·47
Special Entrants (new-comers to the town)	...					...	Boys	38·88	33·33
							Girls	53·33	58·33

Appended to this Report are the Tables required by the Board of Education to show in tabular form the work of the School Medical Service.

ANNE M. ROXBURGH,
Assistant School Medical Officer and
Assistant Medical Officer of Health.



Scarborough Education Authority, 1931.

MEDICAL INSPECTION RETURNS.

TABLE I.
RETURN OF MEDICAL INSPECTIONS (*see note a*).

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections
(*see note b*).

Entrants	...	...	...	...	...	...	...	...	...	564
Intermediates	...	...	...	...	...	...	...	...	...	558
Leavers	...	..	...	...	...	...	..	..	...	240

Total ... 1362

Number of other Routine Inspections 123
(*see note c*).

B.—OTHER INSPECTIONS.

Number of Special Inspections 355
(*see note d*).

Number of Re-Inspections 220
(*see note e*).

Total ... 575

NOTES ON TABLE I.

(a) The return refers to a complete calendar year.

(b) This heading relates solely to the routine medical inspection of the three ordinary age groups, *i.e.*, to medical inspection carried out:—

(i) in compliance with Article 17 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19;

(ii) on the school premises (or at a place specially sanctioned by the Board);

(iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.

(c) Under this heading may be recorded *routine* inspections, if any, of children who do not fall under the three code age-groups, *e.g.*, *routine* inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for “Special” Inspection.

(d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, *i.e.*, not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A. of Table I. and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.

(e) Under this heading should be entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case will be entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect will be entered as a re-inspection.

Care should be taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also of course be recorded as an attendance for treatment.

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1931.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition	20	...	18	...
	Uncleanliness:	38	...	16	...
	(See Table IV., Group V.)				
Skin	Ringworm:				
	Scalp	1	...	7	...
	Body ... ..	..	...	1	...
	Scabies	1	...	14	...
	Impetigo	11	...	6	...
	Other Diseases (Non-Tuberculous)	7	...	21	...
Eye	Blepharitis	10	...	5	...
	Conjunctivitis	2	...	6	...
	Keratitis ... ..	...	...	...	...
	Corneal Opacities ... ..	...	...	...	...
	Defective Vision (excluding Squint)	76	22	7	9
	Squint	12	1	4	...
	Other Conditions	2	...	2	...
Ear	Defective Hearing	1	...	9	...
	Otitis Media	4	...	8	...
	Other Ear Diseases	1	...	7	...
Nose and Throat	Enlarged Tonsils only	22	66	10	3
	Adenoids only	6	10	7	4
	Enlarged Tonsils & Adenoids	17	15	10	1
	Other Conditions	3	...	12	...
	Enlarged Cervical Glands (Non-Tuberculous)	3	3	8	2
	Defective Speech	5	..	2	...
	Teeth—Dental Diseases (See note a)	32	...	7	...
	(See Table IV., Group IV.)				
Heart and Circulation	Heart Disease:				
	Organic	1	2	1	...
	Functional	1	6	4	...
	Anæmia	6	...	5	...
Lungs	Bronchitis	9	...	7	...
	Other Non-Tuberculous Diseases	6	7	23	...
Tuberculosis	Pulmonary:				
	Definite ... ..	...	...	...	...
	Suspected	2	...	3	...
	Non-Pulmonary:				
	Glands	1	...	...	...
	Spine ... ..	...	...	..	...
	Hip ... ..	...	...	...	...
	Other Bones and Joints ... ..	...	...	...	...
	Skin ... ..	...	...	...	...
	Other Forms ... ..	...	...	1	...
Nervous System.	Epilepsy ... ..	...	...	...	...
	Chorea	1	...	1	...
	Other Conditions	1	5	9	1
	Rickets	2	...	1	...
Deformities	Spinal Curvature ... ..	...	...	...	...
	Other Forms	11	1	8	2
	Other Defects and Diseases	13	12	50	32

TABLE II.—*continued.*

B.—Number of *individual children* (see note *b*) found at *Routine Medical Inspection to Require Treatment* (excluding Uncleanliness and Dental Diseases).

GROUP (1)	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment (see note <i>d.</i>) (4)
	Inspected (see note <i>c.</i>) (2)	Found to require Treatment. (3)	
CODE GROUPS:—			
Entrants	564	90	15·95
Intermediates	558	92	16·48
Leavers	240	52	21·66
Total (Code Groups)	1362	234	17·18
Other Routine Inspections	123	24	19·51

NOTES ON TABLE II.

(a) The figures to be included in this space should refer to the findings of the *Medical Officer*, and not those resulting from dental inspection in the schools by the *School Dentist*. The findings of the *School Dentist* should be recorded in Table IV., Group IV.

(b) No individual child should be counted more than once in this part of Table II., *i.e.*, under B, even if it is found to be suffering from more than one defect.

(c) The figures in this column will of course be the same as those given in Table I. A.

(d) The figure in this column will be the percentage of the figure in column (3) of that in column (2).

TABLE III.

Return of all Exceptional Children in the Area (*see note a*).

No child should be entered under more than one heading.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness (see note (b) (1)), Total Deafness (see note (d) (1)), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease ... The actual combination of defects and the type of School, if any, attended should be indicated on a separate sheet.			...	...	...
Blind (including partially blind) (<i>see note b.</i>)	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind ... ..	...	2	2
		At Public Elementary Schools (<i>see note c</i>) ...	..	...	...
		At other Institutions ...	...	..	...
		At no School or Institution	...	...	...
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	..	...	...
		At Public Elementary Schools (<i>see note c</i>) ...	2	5	7
		At other Institutions ...	...	...	..
		At no School or Institution	...	...	...
Deaf (including deaf and dumb and partially deaf) <i>see note d.</i>)	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	2	...	2
		At Public Elementary Schools (<i>see note c</i>) ...	...	...	...
		At other Institutions ...	..	...	...
		At no School or Institution	...	..	...
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ...	...	...	...
		At Public Elementary Schools (<i>see note c</i>) ...	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
Mentally Defective	Feeble-minded. (<i>See note c.</i>)	At Certified Schools for Mentally Defective Children ... ..	...	...	...
		At Public Elementary Schools (<i>see note c</i>) ...	18	6	24
		At other Institutions ...	...	...	...
		At no School or Institution	...	1	1
	Notified to the Local Mental Deficiency Authority during the year.	At Special Class	10	6	16
		Details should be given on Form 307 M. ... ..	...	...	...
		
		
Epileptics	Suffering from severe epilepsy. (<i>See note f.</i>)	At Certified Schools for Epileptics ... ..	...	...	...
		At Certified Residential Open-Air Schools ...	...	..	...
		At Certified Day Open-Air Schools ... ..	...	...	...
		At Public Elementary Schools (<i>see note c</i>) ...	...	...	...
	Suffering from epilepsy which is not severe. (<i>See note g.</i>)	At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
		At Public Elementary Schools	5	1	6
		At no School or Institution	..	...	...

TABLE III.—*continued.*

			Boys.	Girls.	Total.
Physically Defective (see note i)	Active pulmonary tuberculosis (including pleura & intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	2	2	4
		At Certified Residential Open Air Schools ... ..	..	...	...
		At Certified Day Open Air Schools ... ..	...	...	..
		At Public Elementary Schools (see note h) ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution	1	1	2
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	..	..	...
		At Certified Day Open Air Schools ... ..	..	...	...
		At Public Elementary Schools	5	1	6
		At other Institutions ... ..	...	...	...
		At no School or Institution	...	...	...
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	..	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools (see note h)	3	6	9
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	..	..	...
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools (see note h)	1	1	2
		At other Institutions ... ..	...	...	...
		At no School or Institution	..	...	...

TABLE III.—*continued.*

			Boys.	Girls.	Total.
Physically Defective (continued). (See note i.)	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	1	2
		At Public Elementary Schools (<i>see note h</i>) ...	..	1	1
		At other Institutions ...	...	...	...
		At no School or Institution ..	..	...	...
	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	..	..	...
		At Public Elementary Schools (<i>see note h</i>) ...	...	...	...
		At other Institutions ...	..	...	...
		At no School or Institution ..	1	..	1
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. (<i>See note j.</i>)	At Certified Residential Cripple Schools ...	...	...	...
		At Certified Day Cripple Schools ... ..	...	...	...
		At Certified Residential Open Air Schools ...	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	44	34	78
		At other Institutions ...	...	..	...
		At no School or Institution ..	...	...	...
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certifi'd Hospital Schools ...	4	1	5
		At Certified Residential Cripple Schools ...	...	...	...
		At Certified Day Cripple Schools ... ..	...	..	...
		At Certified Residential Open Air Schools ...	...	...	...
		At Certified Day Open Air Schools ... ..	..	...	...
		At Public Elementary Schools (<i>see note k</i>) ...	20	15	35
		At other Institutions (<i>see note k</i>)	(4)	(2)	...
		At no School or Institution (<i>see note k</i>) ... ..	...	..	...
	Children with heart disease. <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools ... ..	...	...	...
		At Certified Residential Cripple Schools ...	...	...	...
		At Certified Day Cripple Schools ... ..	...	...	...
		At Certified Residential Open Air Schools ...	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools (<i>see note c</i>) ...	..	...	..
		At other Institutions ...	..	...	...
		At no School or Institution ..	2	...	2

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital (see note b).	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total		
(1)	(2)	(3)	(4)	(5)
20	78	98	51	149

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5—257	}	Total 3673
	6—439		
	7—459		
	8—471		
	9—481		
	10—473		
	11—495		
	12—272		
	13—201		
	14—125		
Specials (see note d)			68
Grand Total			3741

(b) Found to require treatment 1637.

(c) Actually treated 1428

(2) Half-days devoted to :—

Inspection	27	}	Total 206
Treatment	179		

(3) Attendances made by children for treatment 2670

(4) Fillings :—

Permanent teeth	623	}	Total 673
Temporary teeth	50		

(5) Extractions :—

Permanent teeth	644	}	Total 2598
Temporary teeth	1954		

(6) Administration of general anaesthetics for extractions 1007

(7) Other operations :—

Permanent teeth	184	}	Total 441
Temporary teeth	257		

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS. (See note e).

(i) Average number of visits per school made during the year by School Nurses, 8.33.

(ii) Total number of examinations of children in the Schools by School Nurses, 12,499.

(iii) Number of individual children found unclean, 642.

(iv) Number of children cleansed under arrangements made by the Local Education Authority, 20.

(v) Number of cases in which legal proceedings were taken :—

(a) Under the Education Act, 1921	}	Nil
(b) Under School Attendance Bye-laws		

NOTES ON TABLE IV.

(a) The Table should deal with all defects treated during the year, however they were brought to the Authority's notice, *i.e.*, whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) This heading should include all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Section 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., should be entered under other headings.

(c) If any treatment is given for more serious diseases of the ear (*e.g.*, operative treatment in hospital) it should not be recorded here, but in the body of the School Medical Officer's Annual Report.

(d) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each age group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

(e) A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken, should be included in the body of the School Medical Officer's Report.

N.B.—Groups I.—V. above cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect (*e.g.*, for orthopædic treatment) or for securing improvement in types of defect which do not fall to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures taken, should be included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II.

Mental Deficiency (Notification of Children) Regulations, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1931, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified : 4.

Analysis of the above Total.

DIAGNOSIS.	Boys.	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots	—	—
(b) Imbeciles	1	2
(c) Others	1	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral Defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	—
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "Special circumstances" cases	—	—
<i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.		
4. Children who in addition to being mentally defective were blind or deaf	—	—
<i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
GRAND TOTAL	2	2

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